

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 701586-053702
In re Application of Nugent	Confirmation No. 8409	
Application Number 10/552,194	Filed 10/12/2006	
Examiner Thane E. Underdahl	Group No. 1651	
For Method for stimulating angiogenesis and wound healing		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows</p> <div style="display: flex; justify-content: flex-end; align-items: flex-end;"> <div style="display: flex; flex-direction: column; gap: 10px;"> <div><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</div> <div><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)</div> <div><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)</div> <div><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)</div> <div><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)</div> </div> <div style="display: flex; flex-direction: column; gap: 10px; align-items: flex-end;"> <div>\$ _____</div> <div>\$ _____</div> <div>\$ <u>525.00</u></div> <div>\$ _____</div> <div>\$ _____</div> </div> </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0850</u>. </div> <p style="margin-top: 10px;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). </div> <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> attorney or agent of record. </div> <div style="margin-left: 40px;"> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____. </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>/Leena H. Karttunen/</u></p> <p style="text-align: center;">Signature</p> <p><u>Leena H. Karttunen (Reg. No. 60,335)</u></p> <p style="text-align: center;">Typed or printed name</p> </div> <div style="width: 45%;"> <p><u>February 21, 2008</u></p> <p style="text-align: center;">Date</p> <p><u>617-345-1367</u></p> <p style="text-align: center;">Telephone Number</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		